

January 20, 2010

VIA ELECTRONIC FILING

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW, Portals
Washington, DC 20554

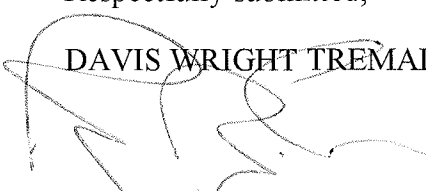
Re: **Ex Parte**
WC Docket No. 02-60, Request for Extension of Time

Dear Ms. Dortch:

On behalf of Iowa Health System, Inc. ("IHS"), filed herewith is its Request for Extension of Time in the above-referenced docket. By this request, IHS seeks a one-year extension of the June 30, 2010 deadline for funding under the Rural Health Care Pilot Program.

Please address any correspondence concerning this matter to the undersigned counsel.

Respectfully submitted,


DAVIS WRIGHT TREMAINE LLP

Randall B. Lowe
Counsel for Iowa Health System, Inc.

Enclosure

cc: Thomas Buckley (by email)
Ernesto Beckford (by email)



IOWA HEALTH SYSTEM

Best Outcome for Every Patient Every Time

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Des Moines, Iowa 50309
TEL: (515) 241-6161

January 19, 2010

VIA ELECTRONIC FILING

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Requests for Extension of the June 30, 2010 Deadline for Funding
Commitments under the Universal Service Rural Health Care Pilot Program
(WC Docket No. 02-60)

Dear Ms. Dortch:

The purpose of this letter is to request a one year extension of the June 30, 2010 deadline for funding under the Commission's Universal Service Rural Health Care Pilot Program ("RHCPP").

Iowa Health System ("IHS") is a participant in the RHCPP. IHS is an Iowa-based, nonprofit, regional, integrated health care provider that provides care to more than one in three Iowans. IHS sought \$7.8 million under the RHCPP to fund the connection of health care facilities to its private health care network. Upon selection by the Commission as a RHCPP participant, IHS began phase 1 of its project by identifying the initial health care facilities to connect to the IHS network, in particular, hospitals. IHS then issued a request for proposals for the initial connections, granted awards based on those proposals, entered into contracts which reflected the awards and, based on those contracts, has completed connections to 28 hospitals. As a result, the phase 1 group of hospitals now has broadband connectivity to state-of-the-art health care solutions at an affordable cost.

IHS is now pursuing phase 2 of the project. Specifically, IHS expects to connect two additional hospitals, including one Critical Access Hospital ("CAH"), and up to forty federally qualified health care centers ("FQHCs") in both Iowa and parts of Nebraska. A CAH is a healthcare facility located in a rural area that, among other things, makes available 24 hour emergency care services 7 days each week. FQHCs are community organizations that provide comprehensive primary and preventive care to persons of all ages, regardless of their ability to pay. The FQHCs

which IHS expects to connect to its network are located in rural, underserved areas of Iowa and Nebraska.

Even though IHS has made steady, continuous progress on phase 2, it has been more burdensome than anticipated. In the current economic environment, the identification of interested participants, as well as educating them about the benefits of connecting to the IHS network, phase 2 is taking longer than anticipated. Extended winter weather conditions may also delay construction of the phase 2 connections. Accordingly, although IHS expects that it can complete the funding process for phase 2 prior to June 30, 2010, IHS is concerned that it could miss the funding deadline. IHS strongly believes that connecting entities like FQHCs and CAHs is a crucial part of the RHCPP's mission, and that it is preferable to ensure the connectivity objectives of the program by connecting these types of entities with an extension than to only connect those entities we are certain we can connect within the existing required timeframe.

IHS believes that an extension of the funding deadline is in the public interest. It will permit IHS to pursue the completion of phase 2 in a more deliberate manner, which will produce more favorable results. If the Commission retains the current deadline, a number of health care providers may not be able to connect to the IHS network because IHS may not have the time to secure their participation before the funding deadline. Without federal funding, healthcare providers who have not connected to the IHS network will most likely not be able to afford such connections. In summary, if IHS is denied an extension and misses the funding deadline, phase 2 of its project may not be completed for some or all phase 2 participants, thereby denying access to primary and preventive health care in many parts of rural Iowa and Nebraska. Thus, we respectfully request a one year extension of the current funding deadline.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Joy Grosser', followed by a long horizontal line extending to the right.

Joy Grosser
Vice President and Chief Information Officer

cc: Thomas Buckley
Ernesto Beckford